Program Research Project

REINTEGRATING AMERICA'S CITIZEN-SOLDIERS AND AIRMEN: "A COMMUNITY EFFORT"

BY

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USAWC CLASS OF 2009

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REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

1. REPORT DATE *(DD-MM-YYYY)*	**2. REPORT TYPE**	**3. DATES COVERED** *(From - To)*
10-05-2009	Program Research Paper	

4. TITLE AND SUBTITLE

Reintegrating America's Citizen-Soldiers and Airmen: "A Community Effort"

5a. CONTRACT NUMBER

5b. GRANT NUMBER

5c. PROGRAM ELEMENT NUMBER

6. AUTHOR(S)

COL Jeffrey E. Ireland

5d. PROJECT NUMBER

5e. TASK NUMBER

5f. WORK UNIT NUMBER

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

U.S. Army War College
122 Forbes Avenue
Carlisle, PA 17013

8. PERFORMING ORGANIZATION REPORT NUMBER

9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)

Kevin P. Reynolds
Department of Distance Education

10. SPONSOR/MONITOR'S ACRONYM(S)

11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION / AVAILABILITY STATEMENT

DISTRIBUTION A: Unlimited

13. SUPPLEMENTARY NOTES

14. ABSTRACT

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There has been much improvement in the deployment process since 2001, but the National Guard still falls short in conducting programs to educate and actively involve local communities in the deployment cycle. A community outreach program to educate the public about the National Guard and to generate a heightened awareness of the challenges surrounding Guard deployments and redeployments is needed to motivate community interest and assistance. This paper examines the challenges associated with deploying and reintegrating the militia; its impact on Guardsmen, their family and the need for greater community involvement and support.

15. SUBJECT TERMS

Redeployment, Readjustment, Stigma, PTSD, Behavioral Health

16. SECURITY CLASSIFICATION OF:			**17. LIMITATION OF ABSTRACT**	**18. NUMBER OF PAGES**	**19a. NAME OF RESPONSIBLE PERSON**
a. REPORT	**b. ABSTRACT**	**c. THIS PAGE**			**19b. TELEPHONE NUMBER** *(include area code)*
UNCLASSIFIED	UNCLASSIFIED	UNCLASSIFIED	UNLIMITED	28	

Standard Form 298 (Rev. 8-98)
Prescribed by ANSI Std. Z39.18

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AUTHOR: COL Jeffrey E. Ireland

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FORMAT: Program Research Project

DATE: 10 May 2009 WORD COUNT: 5,014 PAGES: 28

KEY TERMS: Redeployment, Readjustment, Stigma, PTSD, Behavioral Health

CLASSIFICATION: Unclassified

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REINTEGRATING AMERICA'S CITIZEN-SOLDIERS AND AIRMEN: "A COMMUNITY EFFORT"

Background of the National Guard

The minuteman has protected the American homeland since the earliest days of the colonists. This "on call" voluntary force stood ready to drop their plowshares and pick up their muskets at a minute's notice. The same holds true of the militia today.

The National Guard is the oldest military service and the only one with two distinct missions. In peacetime, the Guard serves the state. The Governor of each state and territory commands their militia using its personnel and equipment to respond to state emergencies. The Guard is a first responder to natural disasters such as floods, hurricanes, snowstorms, tornadoes and wildfires. During times of war, when ordered to federal status by the President of the United States, the Guard is realigned with either the Department of the Army or Air Force. Their service then augments the active duty military.

The events of September 11, 2001 have changed how America views its National Guard. Prior to the attacks on the homeland, the Guard was primarily used to support the needs of the state. The Guard was viewed as a strategic reserve to the federal government to be used in the event of a major land war. This configuration continued throughout the Cold War era. Today, the massive number of military forces necessary to conduct and sustain combat operations in Iraq and Afghanistan has placed additional requirements and value on the National Guard. This new role shifts the Guard from a strategic reserve to an operational force. The United States depends

on the National Guard more now than at anytime in the past 60 years to assist the military in accomplishing its wartime missions.

In addition to assisting the nation's efforts in Iraq and Afghanistan, the Guard has also been used for federal missions in the Unites States (U.S.). Operation Jump Start positioned nearly 6,000 Army and Air National Guard members along the U.S. and Mexican border in the states of Texas, California, Arizona and New Mexico.[1] These forces were instrumental in assisting the U.S. Border Protection control the flow of illegal aliens and drugs into the US. As the role of the National Guard changed so did its resourcing. The Guard received additional equipment and the funding necessary to provide expanded training opportunities to better prepare forces for deployment. Programs for families and youth were created to reinforce the support structure for families. Individual and family healthcare coverage was offered through TRICARE, the military's health care provider. Congress also recognized the need for additional redeployment support and funded programs to increase benefits to help Guardsmen and families readjust after deployment. Prior to these changes, each state was responsible to conduct reintegration efforts using existing operating funds - originally intended for other purposes.

The National Guard remains an all-volunteer force. Military membership requires a Soldier or Airman to attend one, two-day training event each month and one, two-week annual training period each year. When not wearing the uniform, Guardsmen live and work in a wide variety of career fields in communities across the country. Unlike their active duty counterparts, Guardsmen share their time with civilian employers. Most employers are understanding and supportive of the employee's military service

and accommodate the absences needed to fulfill training requirements. They view Guard membership as a way to strengthen their employees' skills in areas such as leadership and discipline. For these employers, the Guard is a value-added benefit.[2] The support they offer to the Guard is returned in the form of a more qualified employee. Other employers, however, see things differently. These employers consider Guard membership as distracting and a cause of additional work. They may not be as supportive of modified work schedules as additional staff may not be available to cover absences. Difficulties with civilian employers can significantly impact National Guard retention.[3]

Monthly training requirements and the potential to deploy for up to 12 months or even longer can significantly impact civilian employers. These events can result in additional costs necessary to hire and train replacements. Even state and federal laws designed to protect Guardsmen cannot always prevent employers from disadvantaging employees who belong to the Guard.

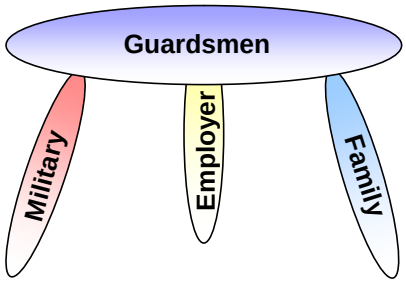

Figure 1: Balancing Civilian Career, Military Career and Family

In addition to balancing a career with a civilian employer, Guardsmen must also maintain a balance with family and their unit. Like the three-legged stool in Figure 1, all legs of the stool must be in balance for the stool to stand. Until recently, the Guard also

did not fully recognize the role the family plays in both Guard membership and performance. A family that is not supportive of Guard membership can negatively impact performance and length of service. Guardsmen who must choose between family and career will most always side with their family.[4]

To help with family relations, fulltime Family Assistance Centers (FACs) and youth programs were created to engage, educate and assist families. Volunteer Family Readiness Groups (FRGs) at the unit level have also had a direct impact on retention and performance. Maintaining membership in the National Guard is not an easy task. A Guardsman must constantly work to maintain balance between family, civilian career and the military to ensure overall success.

Deployment

Since September 11, 2001, the National Guard has deployed more than 513,000 Soldiers and Airmen in support of the Global War on Terror.[5] This represents the largest Guard deployment since World War II. The impact on civilian employers and families has been great and the duration of the war is requiring some members to incur multiple deployments.

Once a Guard unit is notified of a planned deployment, significant equipment and resources are diverted to maximize training opportunities prior to deployment. Each state National Guard is resourced with a deployment training team tasked to coach and mentor units through a deployment training checklist. The ultimate goal is to generate a fully-equipped and trained unit that is ready to accomplish its wartime mission. Each state Adjutant General must personally certify a unit's readiness prior to executing

movement to the mobilization station. This “home-station” training reduces the time a unit must spend in a pre-mobilization station prior to deploying to theatre.

Being fully prepared for deployment requires more than just unit training. It also requires family training. Ensuring that families are prepared to sustain the deployment is as important as preparing the service member. Knowing that families will be cared for during deployment will help Guardsmen focus on the mission instead of worrying about their families. To help prepare the family, a variety of briefings and training events are conducted to raise awareness of benefits and resources available to support the family throughout the deployment cycle. Service members participate in the training with their families and also benefit from it.

During deployment, families continue to receive support from a network of FACs. FACs are part of the Guard’s family programs. They are staffed and resourced to provide support and resource referrals to all military families. Family programs coordinate training for unit volunteer groups and conduct activities for youth. Shortly before the return of the service member, families receive reunion training. This training informs families of the challenges service members may face from deployment and how they can help to reduce the stresses associated with homecoming.

Once a unit returns from deployment, families and service members are reeducated about the resources and benefits available to assist them during the reintegration process. Many states have implemented formal “Yellow Ribbon” reintegration programs to expand and enhance reintegration efforts. These new programs incorporate specific training on how to reconnect with a spouse, child(ren) and parents. Some programs even invite community vendors to conduct presentations

and staff booths to compliment the process. Reintegration events designed to involve community partners can enhance the overall value of the events. Entities such as the Veteran's Administration (VA), VET Centers, Highway Patrol, state university representatives, health care providers and others who participate can provide opportunities for service members and their families to interact directly with subject matter experts to receive answers to their questions.

Timing of the events is also important; almost as important as the event itself. Before the Yellow Ribbon program, most Guard units conducted pre and post mobilization briefings for Guardsmen and families. These briefings provided useful information but were conducted immediately before and after deployment. It was a time when Guardsmen and their families were more concerned with the upcoming deployment or homecoming than with the information being presented. They were preoccupied with thoughts about how they were going to hold the family together and whether their family would be alright while they were gone. They were listening but not hearing what was said. The new events spread the presentations out over several months and conduct them well before and after deployment to avoid this problem.

Training classes focused on identifying the signs and symptoms of Post Traumatic Stress Disorder (PTSD), anger management, stress reduction, defensive driving and substance abuse are also part of these new programs. Service members and families who understand the "normal" issues associated with deployment are much better prepared to identify, accept and seek early treatment for those issues that do occur.

Behavioral Health – PTSD and mTBI

Yellow Ribbon reintegration programs have generated substantial improvements to National Guard reintegration efforts; however, Guardsmen must still remain alert for warning signs that could complicate a Guardsmen's emotional and psychological well-being. PTSD and mild Traumatic Brain Injury (mTBI) are commonly referred to as the signature wounds of the War on Terror.[6] More than 20 percent of service members who have returned from deployment since 2001 have been diagnosed with PTSD or mTBI.[7] PTSD is an anxiety disorder that may arise following exposure to a significant traumatic event.[8] Unlike a visible wound that increases the urgency for medical care, PTSD is hidden or unseen.[9]

A study conducted by the Florida State University concluded that PTSD has a cumulative aspect.[10] Past events can influence the onset of PTSD. This is an important consideration for Guardsmen who conduct multiple deployments as subsequent deployments may place them at higher risk to develop PTSD. Unless a person is willing to disclose and discuss their symptoms, PTSD and other behavioral health care problems are extremely difficult to diagnose and treat and often go unnoticed. PTSD is not new. It has been around since the earliest of wars. Homer, in the Iliad, referred to PTSD as the "berserk state."[11] The American Civil War called PTSD the irritable heart[12] and World War II labeled it "shell shock."[13] It wasn't until 1980 that was referred to as PTSD.[14]

If PTSD has been around since the dawn of war, why was the U.S. military so unprepared to deal with it during the conflicts with Iraq and Afghanistan?[15] Instead of anticipating and developing a proactive approach to offset and accommodate the

symptoms, the military is now in a reactive mode. And it isn't just the military. The U.S. Department of Veterans Affairs has been publically criticized for lacking a sufficient network of behavioral health providers and for inadequate PTSD-related programs and services.[16] Several reasons might explain this lack of preparedness.

First, the U.S. military has not experienced a war that has lasted as long or generated as many combat veterans as the War on Terror since the Vietnam War. An entire generation has past since Vietnam.[17] There was not a pressing need to implement enhanced behavioral health care programs to treat conditions such as PTSD. The second reason is that the American people have long viewed PTSD as a mental illness as opposed to a medical condition. The public has been undereducated and underexposed to information necessary to help them to understand PTSD and accept PTSD as a medical condition as opposed to a mental illness. Finally, the military has been reluctant to accept responsibility for PTSD and other behavioral health conditions. It was easier to discharge a service member than to deal with the fallout associated with PTSD.[18] Although there are good reasons for the unpreparedness, there are no excuses. The military and VA should have learned from their past experiences and anticipated the need to care for members who were diagnosed with PTSD.

The U.S. Army has begun to change this trend. In 2007, the Army announced the establishment of the Army mTBI/PTSD Awareness and Response Program.[19] This chain-teaching program was developed to educate Soldiers and leaders on the signs and symptoms of PTSD and to raise visibility and awareness.[20] Several states have also incorporated PTSD awareness into their training programs. The Montana National

Guard requires all Guardsmen, Army[21] and Air[22], to receive annual PTSD training. Wyoming[23] and North Dakota[24] conduct similar training for their members. These proactive measures help raise awareness of the signs and symptoms of PTSD and educate members about the resources available for assistance.

In contrast to PTSD, mTBI is a physical injury sustained to the brain itself. It is commonly referred to as a concussion and is much more difficult to diagnose than PTSD. MTBI results from an external event that causes the brain to impact the inside wall of the skull. This type of injury is highly prevalent in Iraq and Afghanistan primarily due to the use of irregular warfare tactics. Roadside bombs and Improvised Explosive Devices (IEDs) are a primary cause of mTBI injuries in Iraq and Afghanistan.[25] When an IED detonates, it causes a change in atmospheric pressure and sends out a subsequent blast-wave that can result in a physical injury to the body and/or an internal injury to the brain. MTBI is sometimes mistaken for PTSD as it shares many of the same symptoms.

The good news is that both PTSD and mTBI can be successfully treated.[26] Early detection and treatment of PTSD and mTBI significantly increases the chances of recovery and lessens the risks of the condition worsening. If left untreated, conditions will worsen and further degrade the status of a person's physical and behavioral health.[27]

Suicide in the National Guard

In addition to being susceptible to PTSD, Guardsmen who deploy are also at higher risk of suicide.[28] The rate of suicide among National Guard members who deployed is alarming. Statistics show the Army National Guard has the highest suicide

rate in the Army.[29] A study conducted by the Environmental Epidemiology Service of the Department of Veterans Affairs determined that the risk of suicide does not vary significantly between service branches.[30] However, the study did conclude that risk does increase for those with prior military service and for those diagnosed with a behavioral health condition.[31]

In 2008, there were 142 confirmed military suicides.[32] This statistic prompted the U.S. Army to order a stand-down of all units to conduct mandatory suicide prevention training.[33] Raising awareness and providing education about the signs and symptoms associated with suicide will give leaders the tools to effectively identify and deal with suicidal service members. Education that comes from senior leadership sends a clear message of the importance of suicide education and helps to reduce the stigma associated with suicide.

The need to increase suicide education and prevention programs is not limited to the military. In 2008 the U.S. suicide rate increased for the first time in more than a decade.[34] The more everyone knows about suicide the more they can help. The problem is that many people are unaware, uncomfortable or unwilling to talk about suicide. This complicates prevention efforts. Some may fear that talking about suicide might stimulate or encourage the action as opposed to preventing it. Others do not know what to say to someone considering suicide or where or how to refer them for help. The only way to stimulate change is to increase community suicide awareness programs. A greater awareness and understanding of suicide will help more people talk openly about suicide. People will become comfortable engaging an individual without the fear that it will give a person the idea to commit suicide or encourage them to act.[35]

The U.S. Surgeon General suggests that early recognition, diagnosis and treatment of depression and other behavioral health issues is an effective way to prevent suicide.[36]

Removing the Stigma

PTSD and suicide are complicated by the stigma associated with them. Stigma has four distinct components; labeling, stereotyping, creating division and discrimination.[37] Some Soldiers and Airmen fear that disclosing their condition(s) may jeopardize their military career, be viewed a sign of weakness, label them as cowards, or prevent future opportunities or upward progression. Regardless of the reason, this fear is real and prevents many Guardsmen from reaching out and asking for help at a time when treatment may be most effective. As a result, many withhold information or deny their symptoms entirely as a way to deal with their problems.

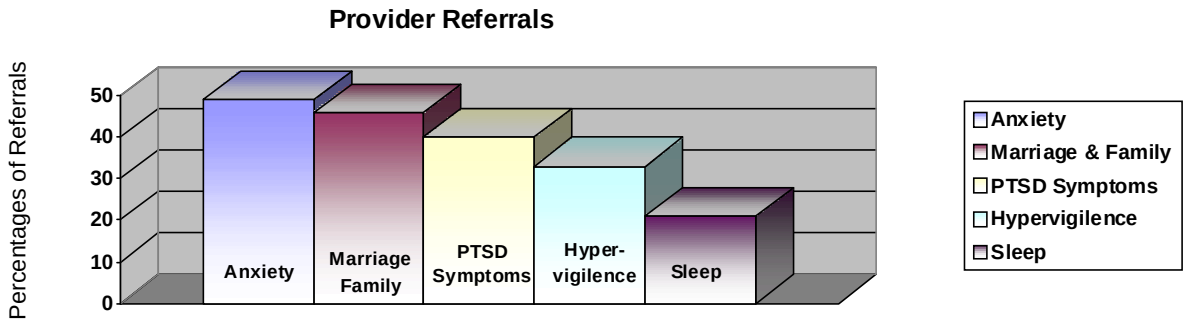

Figure 2: Top Five Issues Presented to Providers

A recent study conducted by the American Psychiatric Association (APA) revealed that as many as 60% of returning veterans are reluctant to disclose and discuss their behavioral health-related symptoms with healthcare providers for fear that it will negatively impact their military career.[38] To address this concern, the Montana National Guard contracted with TRIWEST Healthcare Alliance to place civilian behavioral health providers with Army and Air National Guard medical staff to

compliment health screenings. Those who deployed, self report or are identified by a Guard physician as needing additional support are seen by these providers. The Montana program has been extremely effective in generating medical referrals. During the first six months of the program, providers saw 539 members.[39] The top five referral issues are outlined in Figure 2. Of those seen 217, or 46%, received a referral. The high referral rate might be a result of the disconnection these civilian providers have from the military. Their status as civilians gives them a different level of creditability. Another reason may be due to access. Collocating providers with military medical staff makes connecting with them convenient. In any case, the partnership between civilian providers and the Montana Guard is producing impressive results. It is generating referrals to Guardsmen that otherwise might not have occurred.

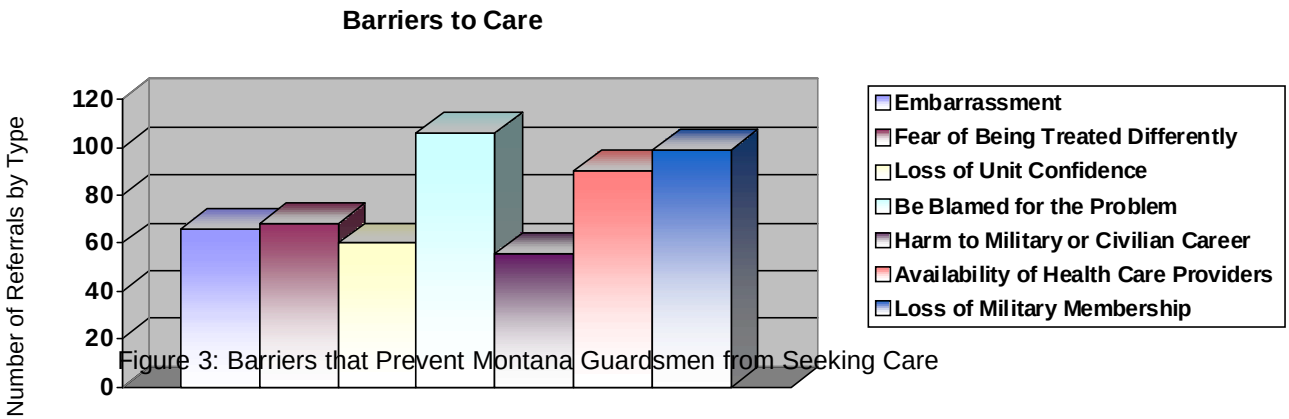

Figure 3: Barriers that Prevent Montana Guardsmen from Seeking Care

A 2007 survey of Montana National Guard deployers highlighted a variety of reasons for not seeking care.[40] This feedback prompted immediate action by the Montana Guard to minimize concerns. The Guard began by educating unit members

about PTSD and its warning signs and symptoms and then distributed resource guides to all Guard families. Finally, a policy was implemented giving Guardsmen the ability to request discharges due to complications with PTSD. There is still much to do to erase the stigma of PTSD.

In an unprecedented effort to alleviate stigma associated with PTSD and other behavioral health counseling, Secretary of Defense Robert Gates issued policy in 2008 that modified security clearance disclosure requirements for military members. The revision excludes the need to disclose counseling that is associated with a combat deployment.[41] This small but important change sent a strong message that the nation was ready to deal with PTSD and ready to deal with the stigma.

The Department of the Army is also helping. They implemented policy in 2008 requiring a mental health screening prior to discharge.[42] This was done to help identify Soldiers struggling with PTSD or mTBI before an administrative separation occurred. The Montana Guard adopted a similar policy in 2007 that requires a full medical records review prior to discharge.[43] These policies represent additional movement by the military toward taking responsibility and ownership for behavioral health wounds associated with military service.

Commanders at every level must understand the role they play in helping to reduce stigma.[44] Only when Guardsmen have the confidence that their leaders will support them for behavioral health-related issues will the stigma lessen. The culture of the military will have to change for PTSD and other behavioral health issues to be fully accepted as normal wounds of war. When this happens, service members will feel as comfortable seeking care for their behavioral health issues as they do for any other

injury or illness.

Active Duty versus the National Guard

The National Guard differs from active duty Army and Air Force in the geographic distribution of its membership. Active duty members live and work on an Army post or Air Force base that provides shelter, logistical and healthcare support in a common community setting for its residents. These military members and their families have immediate access to a wealth of military-related information and services. In contrast, Guard-members are scattered in numerous, often rural, communities throughout a state. Access to military services and information is limited. Unless Guardsmen live in a community with an active duty installation close by, it is not likely they will receive the same services as active duty members. This void in support is a significant challenge especially during times of redeployment. When the Guard redeploys it does not return to a community that understands and embraces members' needs. Many return to communities that have no clear understanding of the military or the unique circumstances surrounding a combat deployment. The support network of fellow deployers and military families is also not there in times of need. Guardsmen are separated and isolated from those they deployed with. Families and communities cannot always provide the support needed to complete their transition back into society.

Access to community services is even more critical for Guard-members who require medical care following deployment. Returning Guardsmen are eligible for VA benefits but not all VA hospitals, healthcare systems and outreach clinics are located within reasonable driving distances for all veterans. Rural states like North Dakota and Montana must make ends meet with only one VA medical/healthcare center to service

all state veterans. [45] The VA does have several community outreach clinics available in these areas but even these are not readily accessible to all members.

Unlike an active duty commander who maintains contact with unit members on a daily basis, a National Guard commander has visibility of Guardsmen two days each month and two weeks each year. The remainder of the Guardsman's time is spent as a civilian living and working in communities across the country. This geographic separation makes it difficult for the Guard commander to maintain "eyes on" and to help identify and assist members who are struggling with readjustment issues. The Montana National Guard recognized this void and implemented a program that requires semi-annual behavioral health screenings for two years following redeployment. These additional screenings help Montana maintain greater visibility of the health status of their force while raising awareness and acceptance of behavioral health concerns. The process used by Montana gained the attention of Montana's Senators Max Baucus and Jon Tester, who recently sponsored draft legislation that would expand the Montana model nationwide.[46]

Prior to 2008, the Army National Guard was prohibited from requiring unit members to attend formal training events for 90 days following redeployment. The intent of this policy was to offer Guardsmen time to reintegrate with family without being interrupted by their military obligation. This break, although well-intended, alienated Soldiers from one another instead of helping them. The value of military social interactions in the healing process was not understood. The National Defense Authorization Act (NDAA) of 2008 reversed this decision and now allows the Army

National Guard to conduct training assemblies that today support the Yellow Ribbon reintegration programs.

Community Partnerships

The community serves an important support role for National Guard members and their families. Secretary of Defense Robert M. Gates said the "National Guard has the best connection to the American people and to the community."[47] Guard families rely on their local community to provide resources in the absence of an active duty installation. Unlike active duty communities, civilian communities know very little about the military and its operations. They are unaware of the unique challenges Guard families face during deployment. The Guard must make a concerted effort to reach out to communities to establish an understanding of community programs and resources and to help raise community awareness of the military structure. Establishing a basic understanding of how each can help the other will increase interest and ensure Guard families are connected to the most appropriate services.

Community awareness and outreach may be increased in many ways. The Guard can conduct town hall meetings to target specific community sectors such as city/county government, business, administrative and medical professionals. Outreach can be combined with scheduled events to minimize time impacts and maximize participation. Structured events that attract, educate and involve community partners will allow the public to become better educated and acquainted with the Guard, its missions and its value to the nation.

Local law enforcement entities should be educated on the signs and symptoms of PTSD and other behavioral health issues that affect Guardsmen. Involving law

enforcement in crisis situations and conducting Soldiers and Airmen morale and welfare checks is another way these professionals can assist.

State Departments of Corrections and Highway Patrols can assist by conducting defensive driving classes for returning Guardsmen. These classes are instrumental in helping Guardsmen deal with potentially dangerous aggressive driving habits that may have been used during deployment.[48] A partnership between the Department of Labor and the Guard's Employer Support of the Guard and Reserve (ESGR) program could strengthen relationships with civilian employers.[49] Employers who understand the Guard, and the unique challenges associated with redeployment, may be better prepared to provide additional support to help employees reintegrate into the workforce.

The American Legion, Veterans of Foreign Wars and the Disabled American Veterans have posts and chapters in every community. Veteran Service Organizations (VSO) are filled with veteran members who want to help. These members can assist by conducting vet-to-vet programs that provide informal discussion group sessions to assist with the readjustment process. Some may also be interested in "sponsoring" a local unit during deployment. Their support would present another tool for families to use in times of need. Additionally many VSO have active spouse ladies' auxiliaries. These auxiliary members can be valuable additions to FRGs and a compliment to the Guard's family programs.

The state Mental Health Association, National Association of Social Workers, behavioral health providers and other medical professionals can assist by joining the Department of Defense (DoD) sponsored programs as participating providers. DoD-sponsored programs such as TRICARE, offer health coverage to Guardsmen and their

families during deployment, with up to 180 days covered after deployment. During times of deployment, this may be the only health insurance a family has. Military One Source is another DoD program that offers free counseling services. Similar to employer-sponsored Employee Assistance Programs (EAP), Guardsmen and their families receive up to 12 no-cost counseling visits per issue. This benefit is available to all Guard families regardless of deployment status. Community outreach to medical professionals will raise awareness and understanding of these available programs.

Access to care is a significant issue for many rural states. The lack of available healthcare providers forces many to travel great distances to obtain care. This geographic challenge can act as a barrier to care as some are not willing or refuse to travel to access care. A larger network of participating providers and an increase in available programs will expand choice and access.

Local churches and ministerial groups can help Guard families by actively engaging their military congregational members and providing additional assistance and support throughout the deployment process. Greater education with clergy will allow a heightened understanding of the deployment process and the supporting resources that are available through the Guard to compliment church-offered services. National Guard Chaplains can also benefit from the additional community contacts this outreach can generate.

Finally state colleges, universities and community colleges can help by providing information, resources and guidance to assist redeploying Guardsmen who return to school. Making the decision to return to school after deployment is common for many

Guardsmen. Having subject matter experts on military programs for education will help with the enrollment process and the transition back into the classroom.

Community partnerships help the Guard, and civilian organizations. During the process of assisting the Guard family, community organizations are expanding service networks and their overall customer base. Building a stronger partnership between the Guard and the community will produce a return on investment that is well worth the effort.

Conclusion

Today, more than ever before, the National Guard has more resources to support the deployment process. New policies, programs and benefits give the National Guard the necessary tools to prepare and support Guardsmen and their families before, during and after every deployment. The military's promotion of PTSD and suicide awareness training is helping offset the stigma associated with these and other behavioral health conditions and is increasing the knowledge of available support programs. Additional funding has allowed states to develop and operate new Yellow Ribbon reintegration programs and to hire additional contract staff such as Military Family Life Consultants (MFLC), Military One Source Specialists and Directors of Psychological Health. These new programs and resources are paying huge dividends and increasing the support to the entire Guard family. The military's concept of team is finally being integrated into the "home team."

There is still a long way to go and many challenges ahead. Change does not occur over night. Implementing a few new programs and securing additional funding does not fix the problems overnight. It will take time to eliminate the suicides, fix the

broken marriages, and overcome the battles with depression, mTBI and PTSD. The Guard must capitalize on its success, learn from its mistakes and share information among states and within the community. The model programs of one state can easily become the successes in another.

Focus should not be limited to the National Guard. Every Reserve Component of a state can benefit from Guard-sponsored programs. Regardless of the branch of service, these members and families are also important stakeholders in the community. Building new relationships and working together with community partners will allow the National Guard to elevate their deployment programs to an entirely new level.

The Guard cannot do this alone. Effective reintegration will only occur when everyone is working together to provide a seamless integrated network of resources and services before, during and after every deployment. President Regan summarized it best when he said "by working together, pooling our resources and building on our strengths, we can accomplish great things."[50]

Endnotes

[1] Gerry Gilmore, "President Thanks National Guard for Helping Secure U.S.-Mexico Border," 9 April 2007, linked from *The National Guard Bureau Home Page* at "News," available from http://www.ngb.army.mil/news/archives/2007/04/040907-POTUS_thanks_guard.aspx; Internet; accessed 15 December 2008.

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